

May 5, 2020
via U.S. postal

Shikeb Saddozai-CDCR#AY1590
California State Prison-Corcoran
P.O.Box 3461
Corcoran, California[93212]

RECEIVED
MAY 11 2020
SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA
SAN JOSE OFFICE

Office of Inmate Appeals
ATTN:Appeal Coordinator
4001 King Avenue
Corcoran, California[93212]

Chief Inmate Appeals Branch
Department of Corrections
and Rehabilitation
P.O.Box 942883
Sacramento, California[94283]

CSP-C-Warden-Kent Clark
California State Prison-Corcoran
4001 King Avenue
Corcoran, California[93212]

RE: OBSTRUCTION OF INMATE APPEAL/GRIEVANCES & COURT ACCESS

This letter is a NOTICE served by Shikeb Saddozai, who is the Appellant/Petitioner, on Inmate CDCR-602-Appeal/Grievances/Pleadings that are enclosed to be forwarded to the Office of Inmate Appeal's to be submitted for processing.

In support of said enclosed documents appellant/petitioner has attached twenty three(23) legal affidavit's(CDCR-22forms), to this letter signed and authorized by departmental correctional officer's under sworn oath, with declarations by prisoner's within appellant's place of custody confirming appellant/petitioner, making due diligent efforts in attempting to satisfy Inmate Appeal/Grievance, and related legal litigation deadlines that were repeatedly obstructed, frustrated, impaired, and impeded, at all times were not within appellant/petitioner's control and access in submitting.

Due to extraordinary circumstances, i.e., facility lockdown, Covid-19, Ad-Seg placement(ASU), law library services closed/canceled, staff refusal to assist, are exceptional and reasonable grounds for delay, rendering appellant/petitioner from meeting time constraints, and for reasons described with supporting attached affidavits, appellant/petitioner is submitting appeal/grievance, and pleadings enclosed to seek remedy, exhaustion, and rebut arguments in opposition.

[Basis for Appellant/Petitioner's request: SEE, California Code of Regulations, Title 15 section(s)-3084.1.(c)(e); 3084.3.(a)(c)(d); 3138.(h)(1); 3084.6.(a)(4)&(b)(7)&(c)(3)(4)(B); 3084.7.(i)(4); 3084.9; 3086.(e)(2); 3160; 3162; 3164.; (D.O.M.)-33030.3.3]

Sincerely

Shikeb Saddozai

Enclosed: (20)CDCR-22-forms/ (3)CDCR-602-Inmate Appeals/

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: April 7, 2020

To: Associate Director, Division of Adult Institutions
Wardens

Subject: **REVISED COVID-19 MANDATORY 14-DAY MODIFIED PROGRAM**

The California Department of Corrections and Rehabilitation's priority is to protect the health and well-being of our staff and the offender population as well as providing a safe environment. The purpose of the memorandum is to reduce staff and inmate exposure to the coronavirus (COVID-19) by increasing more restrictive measures.

Effective Wednesday, April 8, 2020, all institutions will implement a mandatory 14-day modified program. Each institution will be responsible for either creating or amending their current Program Status Report taking all of the following information into consideration:

- The entire institution will be affected, except for Restricted Housing Units, Correctional Treatment Centers, and Psychiatric Inpatient Programs, etc.
- Movement will be via escort - maintain increased social distancing unless security would dictate otherwise (i.e. Administrative Segregation Unit placement). Movement will be in such a fashion as to not mix inmates from one housing unit with another housing unit.
- Feeding – Cell feeding or one housing unit at a time, maintaining social distancing and disinfecting tables between each use
- Ducats – priority only – includes mental health groups and individual clinical contacts
- Visiting – none
- Family visiting – none
- Legal visits – urgent/emergency, via telephone or video conference where available. Board of Parole Hearings will continue with attorney contacts as required
- Workers – critical and porters
- Showers – maintain distancing and disinfect between each use
- Health care services - conduct rounds in housing units
- Medication(s) distribution – Wardens, please work with your CEO's to establish a process, recommend if cell feeding, medication line is conducted within the unit. If doing controlled feeding within the dining halls, utilize medication windows on the yard
- Law Library – PLU or paging option while maintaining social distancing in library
- Dayroom – numbers need to be reduced to allow for increased social distancing which may result in no dayroom activities if unable to maintain social distancing numbers to accommodate showers and phones

Associate Director, Division of Adult Institutions
Wardens
Page 2

- Recreation - One housing unit/dorm at a time
- Canteen is permitted – if unable to accommodate during scheduled yard time facilitate delivery method
- Packages are permitted
- Phone calls are permitted - disinfect between each use
- Religious programs shall be cell front or deliver materials to housing unit/dorm/cells
- Educational materials to be provided either cell front or to dorm
- Request for Health Care Services Forms, CDCR-Form 7362, will be distributed and picked up in the housing units by staff

During this time, I would like to see our Community Resource Managers and Education Department facilitate the delivery of increased games, program materials, reading books, or other items to the housing units. Housing unit/dorm officers and supervisors are expected to conduct additional rounds and spot checks of inmates in an effort to reduce self-harm and/or suicide attempts.

All institutions will be required to provide a copy of their Program Status Report, Part-A, to their respective Associate Director each day for this 14-day period. Institutions are expected to brief staff and inmate advisory committees on this directive as this modified program is currently only slated to be in effect for 14-days, through April 21, 2020.

During the past couple of weeks there have been some best practices coming forward that I would like to see implemented or considered such as placing markers on the ground in six foot intervals as a reminder for staff and inmates to maintain social distancing, and the placement of acrylic glass (e.g. Plexiglas) at staff entrances as a barrier between the screener and the person entering the prison.

Thank you for your continued efforts in managing this COVID-19 event. If you have any additional questions, please contact your respective Associate Director.

CONNIE GIPSON
Director
Division of Adult Institutions

cc: Kimberly Seibel
Patrice Davis
Justin Penney

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: April 28, 2020

To: ALL STAFF
INMATE POPULATION

Subject: CALPIA INMATE CLOTH FACE BARRIER/MASK

Due to the health risk associated with COVID-19, effective, Wednesday, April 29, 2020, all inmates/patients will receive one (1) face barrier/mask. Per California Correctional Health Care Services Memorandum, dated April 15, 2020, titled *CALPIA Cloth Face Barrier/Mask*, inmates/patients are required to wear a face barrier/mask during the following situations:

- In-cell living inmates shall use a cloth face barrier/mask covering within the institution during all activities, with the exception of inside their cell. Upon exiting the cell the face barrier/mask must be worn appropriately.
- Dorm living inmates shall use a cloth face barrier/mask covering at all times.
- There will be no exception to this requirement.

In the event an inmate misplaces or needs a mask, they are required to notify custody staff immediately. If an inmate/patient refuses to wear their face barrier/mask they will not be allowed to exit their cell. The inmate's/patient's refusal will immediately be elevated by staff to their immediate supervisor.

In order to ensure the health and safety of staff and inmate/patients the aforementioned will be adhered to until further notice. Any inmates having questions or concerns regarding this memorandum need to address the concerns with their housing unit officers.

Thank you,



KEN CLARK
Warden
California State Prison-Corcoran

STATE OF CALIFORNIA
INMATE/PAROLEE GROUP APPEAL
CDCR 602-G (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page No. 1 of 3

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
FOR STAFF USE ONLY			

This is a group appeal signature attachment sheet. Attach it to your group CDCR 602. You are to legibly print your name, number, assignment and housing, then sign and date the form. By signing, you are agreeing to the issue and action requested; and you acknowledge that this appeal counts towards the allowable number of appeals in the period in which it is filed.

PRIMARY APPELLANT

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Assignment:	Unit/Cell #	Signature	Date
Saddozai, Shikeb	AY1590		CSPC-3B017	<i>[Signature]</i>	04/18/20

A. Summarize the specific issue that you are appealing as identified in the attached CDCR 602: Appellant's are repeatedly denied law library resources, access and services within the California State Prison-Corcoran, 3-B-Yard, preventing appellant's from prosecuting legal litigation activities.

B. Summarize the action requested: 1) CSPC-Warden, be notified. 2) law library resources, access, & services be provided daily with staff personnel trained in the field of law. 3) A declaration that the acts and omissions violated prison policy per CCR 15, & appellant's state, & federal Const. I, VI, XIV, Amends.

NOTE: I, the undersigned, agree that the facts presented in this appeal are true. I agree with the issue presented and I am requesting the action indicated. In the event the Primary Appellant transfers or elects to withdraw from the appeal, I understand that I may become the primary appellant for purposes of processing the group appeal.

CDC Number	Name	Assignment	Unit/Cell #	Signature	Date
788971	<i>[Signature]</i>	233	233	<i>[Signature]</i>	4/18/20
P-39370	PATON, EARLIE	UNASS.	3B017	<i>[Signature]</i>	4-18-20
AS5651	Thomas Gray	Yard Crew	3B017	<i>[Signature]</i>	4/18/2020
V29950	Salgado	NA	3B017	<i>[Signature]</i>	4/18/2020
AR7465	Steven Lujan	NA	3B017	<i>[Signature]</i>	4-18-2020
B003815	Georgio Hernandez	Kitchen	COF	<i>[Signature]</i>	4-20-20
G-25303	Mike Melendez	Porter	COF	<i>[Signature]</i>	4-20-20
BB-1457	JAMES, Kyle	VOC	3B1/234	<i>[Signature]</i>	4/24/20
T-6474	TATE MELVIN	COOL	1/246	<i>[Signature]</i>	4/24/20

STAFF USE ONLY

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
 CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use OnlyStaff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

- ☐ By-passed at Second Level of Review. Go to Section G.
☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____
☐ Cancelled (See attached letter)
☐ Accepted at the Second Level of Review

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
 (Print Name)Reviewer: _____ Title: _____ Signature: _____
 (Print Name)

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____/____/____

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

Inmate/Parolee Signature: _____

Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

- ☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____ Date: _____
☐ Cancelled (See attached letter) Date: _____
☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant ____/____/____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____

Date: _____

Print Staff Name: _____

Title: _____

Signature: _____

Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
FOR STAFF USE ONLY			

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
Saddozai, Shikeb	AY1590	CSPC-3B01/227	

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

DENIAL OF LAW LIBRARY ACCESS/RESOURCES/SERVICES

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): While in the custody of California State Prison-Corcoran (CSPC), assigned to 3-B-YARD, Appellant's are repeatedly denied law library access, resources, and services, preventing appellant's from initiating

B. Action requested (If you need more space, use Section B of the CDCR 602-A): 1) (CSPC) Warden be notified. 2) Law library access, resources, and services be provided daily, and with staff personnel trained in the field of law. 3) A declaration that the acts and omissions

Supporting Documents: Refer to CCR 3084.3.

☒ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):
CDCR-602-G

☐ No, I have not attached any supporting documents. Reason: _____

Inmate/Parolee Signature: Saddozai without prejudice Date Submitted: 04/18/2020

☒ S.S By placing my initials in this box, I waive my right to receive an interview.

STAFF USE ONLY

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____ / ____ / ____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): Saddozai, Shikeb	CDC Number: AY1590	Unit/Cell Number: CSPC-3B01-227	Assignment:
<p>A. Continuation of CDCR 602, Section A only (Explain your issue): <u>maintaining and responding to litigation activities related to legal matters, Court deadlines, inmate appeals, and criminal and civil actions.</u></p>			<p>04/18/2020</p>
<p>Inmate/Parolee Signature: <u>S. Saddozai without prejudice</u> Date Submitted: <u>04/18/2020</u></p>			

B. Continuation of CDCR 602, Section B only (Action requested): violated facility policy pursuant to California Code of Regulations (CCR), Title 15, and appellant's state and federal U.S. Constitutional rights under the I, IV, V, VI, VIII, XIV, Amendments.

Inmate/Parolee Signature: S. Saddozai without prejudice Date Submitted: 04/18-2020

B. Continuation of CDCR 602, Section B only (Action requested): violated facility policy pursuant to California Code of Regulations(CCR),Title 15,and appellant's state and federal U.S.Constitutional rights under the I,IV,V,VI,VIII,XIV,Amendments.

Inmate/Parolee Signature: *Added in without prejudice* Date Submitted: 04/18-2020

STATE OF CALIFORNIA
GA-0022 (Rev 2013-10)

DEPARTMENT OF CORRECTIONS & REHABILITATION

INMATE REQUEST FOR INTERVIEW

DATE 03/27/2020	TO 3B-YARD-LAW LIBRARY	FROM (LAST NAME) Saddozai, S	CDCR NUMBER AYIS90
HOUSING 3B0-1 (CSP)	BED NUMBER 3B01-227	WORK ASSIGNMENT N/A	JOB NUMBER FROM — TO —
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) N/A			ASSIGNMENT HOURS FROM — TO —

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

ATTN: Law Library - I have active court, litigations, cases, & Appeal deadlines, requiring physical access to law library to photo-copy, mail, conduct legal research needed to prosecute legal actions. Please provide appointment. (Duplicate)
CC: Warden / Clerk, USDC / DIG / OIA II - Dated - 3-27-2020

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY
L. RONESDATE
4/21/20

DISPOSITION

hearing
You have a verified court ~~date~~ 6/4/20 9am. You have PHU
Status 5/4/20 - 6/3/20. You are scheduled for library 5/5/20. Per
PSR, library access is PHU only.

Work Schedule if applicable: _____

Locked Down? Yes X NoSTATE OF CALIFORNIA - DEPARTMENT OF CORRECTIONS AND REHABILITATION
PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION
INMATE # _____

PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION

Date of Request: 04 09 2020 *date received form from Law library (Form)*Shikeb SaddozaiAY1540

Inmate's Full Name (Print Legibly)

CDCR #

Complete Inmate Housing Assignment Information:

3-B-YARD - 3B01-227L - Enhanced Outpatient Program (EOP), Corcoran State Prison -
P.O. Box 3461, Corcoran CA 93212

Complete sections A through D below to describe your established court deadline and certify your eligibility for Priority Legal User (PLU) status.

A. My established court deadline is based on (check one and provide information):

A court imposed deadline for an active case ATTACH COURT DOCUMENT SHOWING THE DEADLINESpecify court (e.g., Kern County Superior Court): United States District Court Northern Dist. - Case Numbers -Specify case number: 18-05558 / 18-04047 / 18-04511 / 18-07337 / also for Eastern Dist. Case No.

OR

18-05558 - JLT

A statutory deadline.

Identify the statute or court rule that compels the deadline: _____

Above are active cases on docket requiring immediate response - look up court record -

B. My deadline pertains to a(n) (check one and provide information if needed):

☒ Writ of habeas corpus☒ State or Federal action concerning prison conditions☒ Appeal of criminal conviction☐ Petition for certiorari concerning criminal conviction☒ Other legal action specify: Inmate Appeal - CSPC-20-20-01111 / ISP-1-19-01384

C. The day of my established court deadline is _____

(MM) (DD) (YY)

Above cases are active requiring immediate response

D. Inmate's self certification of eligibility. (Check all that apply. Sign and date below.)

☐ I am not represented by an attorney.☒ I am working on, and will only work on, my individual case.*USDC CASE 18-4047 Hearing 4/4/20**18-4511 - same 9am**18-7337 Notice of Appeal filed 4/10/20*

I certify that all of the above information is true and correct. I understand that my application for PLU status, or the granting of my PLU status, will be revoked for falsifying information on this request; and that I will be guilty of an administrative rule violation.

Without prejudice

Saddozai@

Inmate's Signature

AY1540

CDCR #

04092020

Date

received and sent

CDCR Staff Use Only

PLU status is GRANTED

Priority Legal User (PLU) status begins on

5 4 20

Priority Legal User (PLU) status ends on

6 3 20

PLU status is DENIED for the following reason(s):

USDC CASE 18-05558 - you have filed a motion for extension of time, but the court has not yet granted an extension. Deadline was 4/10/20. Deadline has passed.
Reviewing Staff Certification extension

I have reviewed this request and before granting this request I have verified that the requesting inmate has a valid court deadline that has been established by a Court, Statute, or Rules of Court.

L. R. NES

Reviewing Staff Name (Print) Staff Signature

4 13 20

Date

California State Prison-Corcoran
Appeal Coordinator-J.Ceballos/
L.Carroll/P.Williams. Co:CSPC-Warden-K.Clack

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai	(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: Shikeb Saddozai
HOUSING/BED NUMBER: CSPC-3801-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): APPEAL ASSISTANCE REQUIRED

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN:CS6PC-Appeal Coordinator(s): Pursuant to California Code Regulations(CCR)Title 15 §§ 3138.(h)(1)..,3162.I require your assistance to:PHOTO-COPY ONLY ORIGINAL LEGAL DOCUMENTS/EXHIBITS, OBTAIN-LEGAL MANILA ENVELOPES/WRITING MATERIALS NEEDED TO INITIATE/MAINTAIN/RESPOND TO INMATE FIRST/SECOND/THIRD-LEVEL APPEAL/GRIEVANCES REQUIRED TO SEEK REMEDY & FINAL EXHAUSTION,DUE TO law librarian's M.Lirones,LTA-Cormier,Edw.Principle-Wortman,deliberately blocking law library-access/services/resources-over30days.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) ****NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED ****

☐ SENT THROUGH MAIL: ADDRESSED TO: CSPC-Appeal-Coordinators-J.Ceballos DATE MAILED: 04, 22 2020
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: <u>J. Alcantara</u>	DATE: <u>4-22-2020</u>	SIGNATURE: <u>J. Alcantara</u>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: <u>CSPC-Appeal Coordinators-J.Ceballos</u>		DATE DELIVERED/MAILED: <u>April 22, 2020</u>	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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WARDEN: Kent Clark/URGENT

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai	(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: Shikeb Saddozai
HOUSING/BED NUMBER: CSPC-3B01-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT, PAROLE, ETC.): COURT ACCESS DENIED

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN: CSPC-WARDEN-Kent Clark: Senior Law-Librarian:M.Lironas, acting under your authority, is blocking & denying my right of law library-access, resources, services, and bypassed inmate complaints sent to EDU. Principle to deny my remedies, even after confirming my active court deadlines, from-March-16-to present date: April-21, 2020, out of retaliation to punish me for initiating law library complaint-Appeal#CSPC-2-20-01111, has prevented me from prosecuting legal actions. Pursuant to(CCR 15 §3133.(h)(1)., Please assist.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) ****NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED ****
☒ SENT THROUGH MAIL: ADDRESSED TO: CSPC-WARDEN-Kent Clark DATE MAILED: 04, 21, 2020
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: <u>J. Alcantar / Y. Yang</u>	DATE: <u>4-21-2020</u>	SIGNATURE: <u>Refused to sign</u>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: <u>CSPC-WARDEN-Kent Clark/URGENT</u>		DATE DELIVERED/MAILED: <u>APRIL-21, 2020</u>	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <u>BY US MAIL</u>

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
------------------------	-------	------------	----------------

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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Senior Librarian-M. Lirones
Education, Sup. Workman

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

SECTION A: INMATE/PAROLEE REQUEST


NAME (Print): (LAST NAME) (FIRST NAME) Saddozai Shikeb		CDC NUMBER: AY1590	SIGNATURE: Shikeb Saddozai
HOUSING/BED NUMBER: CSPC-3B01-227L	ASSIGNMENT:	HOURS FROM ____ TO ____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN: CSPC-Senior Librarian: M. Lirones- I

am denied law library-access/resources/services-from, March-16, to present-April-20, 2020, can be verified on (SOMS). My inmate requests furnishing Court Case Nos., and relating active legal litigations, deadlines, & appeals warranting-P.L.U. or alternative-G.L.U., access are ignored/unresolved, out of retaliation to my law library complaint-Appeal#CSPC-2-20-01111. Please provide me 42 U.S.C. §1933 civil complaint form for Eastern, Dist. for issues described.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO: CSPC-Senior Librarian-M. Lirones DATE MAILED: 04/20/2020
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: V. V. N...	DATE: 4/20/2020	SIGNATURE: 	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: CSPC-Senior Librarian-M. Lirones		DATE DELIVERED/MAILED: April-20, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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38-Yard-Facility-Captain

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai (FIRST NAME) Shikeb		CDC NUMBER: AY1590	SIGNATURE: Shikeb Saddozai
HOUSING-BED NUMBER: CSP-C/3801-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): PURSUANT TO CALIFORNIA CODE REGULATIONS-TITLE-15

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN-(NOTICE)-CSP-C/38-YARD-Facility-Captain;

Per Policy-COR 15 §§3134.(b)(1), Please assist in: (1) COPY SERVICE OF LEGAL DOCS./ APPEALS/PLEADINGS. (2) OBTAIN LEGAL-MANILA-ENVELOPES/0-SAVENS/WRITING-PAPER & MATERIALS/INDIGENT-ENVELOPES MISSED & FAILED PROVIDED FOR MARCH & APRIL (§3133.) (3) LEGAL-RESEARCH-TIME ON-F.L.L.D.S. (§3124.), etc., SERVICES/ACCESS/RESOURCES; denied to me from: MARCH-16-to-present; APRIL-26, 2020, preventing me from INITIATING MAINTAINING/RESPONDING, to Court Deadlines/Litigation/Appeals, verified on (SDMS).

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

- ☐ SENT THROUGH MAIL: ADDRESSED TO: CSP-C/38-YARD-CAPTAIN- DATE MAILED: 04/26/2020
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: [Signature]	DATE: 04-26-20	SIGNATURE: [Signature]	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: CSP-C/38-YARD-Facility Captain		DATE DELIVERED/MAILED: APRIL-26, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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Martinez

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME) Saddozai Shikab		CDC NUMBER: AY1540	SIGNATURE: Shikab Saddozai
HOUSING/BED NUMBER: CSP-C/3801-2271	ASSIGNMENT:	HOURS FROM ____ TO ____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): CASE CLASSIFICATION/FACTOR

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

ATTN: (NOTICE) EOP-Correctional Counselor-1:

MARTINEZ- Please provide me interview to address my concerns and issues. This is my THIRD-NOTICE unresponded/unresolved. (2) I have active Court Deadlines/litigations & Appeals that I need to prosecute, and I am denied law library-SERVICES/ACCESS/RESOURCES, from MARCH-16-to-present date: APRIL-23, 2020, preventing me from initiating/maintaining/responding to all legal litigation activities. Pursuant to policy-CC 15 33138.(a)(1), please assist me.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

- ☐ SENT THROUGH MAIL: ADDRESSED TO: CSP-C-38-Yard/EOP-Counselor-Martinez DATE MAILED: 04/29/2020
- ☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: J. ALBERT	DATE: 4.28.20	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: CC-1 CSP-C/38-YARD/EOP-Counselor-Martinez	DATE DELIVERED/MAILED: April-23, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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CDCR-Director:Connie Gipson

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Saddozai	Shikeb	AY1590	ShikebSaddozai
HOUSING/SED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
CSP-C/3801/227L			LAW LIBRARY DENIAL AND DENIED COURT ACCESS

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW.

ATTN:NOTICE- Connie Gipson/Director-CDCR:
Law library personnel at CSP-Corcoran, upon my repeated requests, deliberately denied me Law Library SERVICES/ACCESS/RESOURCES, from MARCH-16-to-present date-May-2, 2020, to prevent me from initiating/maintaining/prosecution of Court dead-lines/legal litizations/Appeals, etc., VERIFIED, out of retaliation to punish me for filing inmate complaints(SEE, SOMS). Supervisory officials have corroborated jointly conspired, failed/refused to rectify, requiring your assistance to remedy.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☒ SENT THROUGH MAIL: ADDRESSED TO: Director-CDCR:Connie Gipson DATE MAILED: 05/03/2020
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
Officer(s)-E. Segura O. Huerta/J. Alcantar	05/03/2020	OFFICER'S REFUSED TO SIGN	(CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY:	
Director of CDCR***Connie Gipson	May 3, 2020	(CIRCLE ONE) IN PERSON BY US MAIL	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DIS AGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Saddozai	Shikeb	AY1590	ShikebSaddozai
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
CSP-C/3B01/227L			LAW LIBRARY DENIAL AND DENIED COURT ACCESS

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW.

ATTN: NOTICE-Ralph Diaz/CDCR-Secretary

Law library personnel at CSP-Corcoran, upon my repeated requests, deliberately denied me law library-SERVICES/ACCESS/RESOURCES, from-MARCH-16, to present date: MAY-2, 2020, to prevent me from initiating/maintaining/prosecuting-Court deadlines, legal-litigations/Appeals, etc., VERIFIED, out of retaliation to punish me for filing Inmate complaints(SEE, SOMS). Supervisory-Officials jointly conspired, & failed/refused to rectify issues, requiring your assistance for remedy.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☒ SENT THROUGH MAIL: ADDRESSED TO: CDCR-Secretary-Ralph Diaz DATE MAILED: 05/03/2020
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
Officer's E. Segura/C. Huerta/J. Alcantar	05/03/2020	Officer's refusal to sign/will not sign	(CIRCLE ONE) YES NO

IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY:
CDCR-Secretary:Ralph Diaz	May-02, 2020	(CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai	(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: Shikeb Saddozai
HOUSING/BED NUMBER: CSP-C/3B01/2271	ASSIGNMENT:	HOURS FROM ____ TO ____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): LAW LIBRARY DENIAL AND DENIED COURT ACCESS

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: **ATTN: NOTICE- Sarah Smith/CDCR Ombudsman: Law library staff at CSP-Corcoran, upon my repeated requests, deliberately denied me law library-SERVICES/ACCESS/RESOURCES, From-MARCH-16, to-present date: MAY-2, 2020, to prevent me from initiating/maintaining & prosecuting Court deadlines, legal-litigations, Appeals, etc., VERIFIED, out of retaliation to punish me for filing Inmate Complaints(SEE, SOMS). Supervisory Officials jointly conspired, & failed/refused to rectify issues, requiring your immediate assistance for remedy.**

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) ****NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED ****
☒ SENT THROUGH MAIL: ADDRESSED TO: **CDCR-Ombudsman/Sara Smith** DATE MAILED: **05/03/2020**
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: E. SEGURA/OFFICER	DATE: 05/03/2020	SIGNATURE: E. SEGURA REFUSED TO SIGN	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: CDCR-Ombudsman: Sara Smith		DATE DELIVERED/MAILED: May-03, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

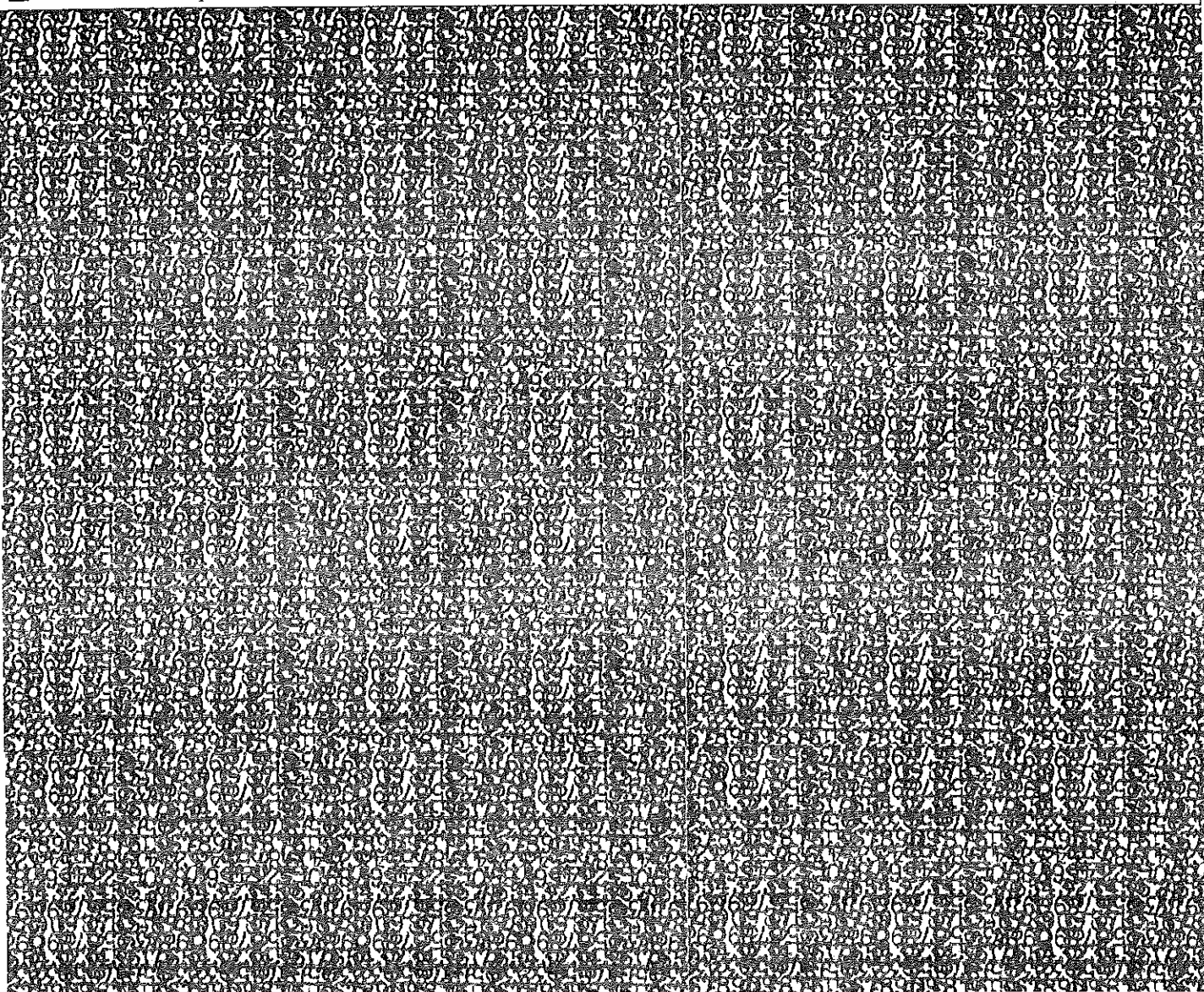
NAME Shikeb Saddozai	CDC NUMBER AY1590	HOUSING CSPC-3801-227L
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PATIENT SIGNATURE Shikeb Saddozai	DATE 04-20-2020
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REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) ATTN: Dr. Gladstein: Per our conversation on April-15, 2020, I still
have not received access to facility law library & resources needed to initiate
& maintain my Court deadlines, litigation, appeal, etc., leaving me to amass a pi-
le of undelivered legal correspondence, which has caused me stress, anxiety, de-
pression, etc., Please assist me and reach out to facility captain. Thank you.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)


California State Prison - Colton
Warden-Kent ClarkSTATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai	(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: Shikeb Saddozai
HOUSING/BED NUMBER: CSPC-3B01-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIED RIGHT TO APPEAL

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: **ATTN: CSPC-Warden-Kent Clark: CSPC-Appeal-Coordinator's-J.Ceballos, L.Carrol, & Staff, are repeatedly rejecting/Canceling & interfering with my right to appeal(CCR 15 §3084.1), establishing personal bias & prejudice to protect and aid staff misconduct and corruption, stemming from retaliation to punish me for initiating Civil action Complaint in U.S.D.C. Eastern, District Court-Case No.1:20-cv-00358(JLT), thus resulting in denial of remedies for issues & concerns within CSPC-custody requiring your assistance.**

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) ****NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED ****
☒ SENT THROUGH MAIL: ADDRESSED TO: **CSPC-Warden-Kent Clark/Urgent** DATE MAILED: **04/21/2020**
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: J. Alcantar / Y. Yang	DATE: 04-21-2020	SIGNATURE: S/o Refused to Sign	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: CSPC-Warden-Kent Clark/Urgent		DATE DELIVERED/MAILED: April-21, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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Appeals Coordinator-J.Ceballos
L.Carrol/P.Williams

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/99)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME) Saddozai Shikeb		CDC NUMBER: AY1590	SIGNATURE: Shikeb Saddozai
HOUSING/BED NUMBER: CSPC-3B01-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): INMATE APPEAL OBSTRUCTION

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW.

ATTN: CSPC-Appeal Coordinator(s): J.Ceballos, L.Carrol, P.Williams-As a result of your repeated failures/rejections/cancellations, & purposeful delays of my inmate appeals, has frustrated, impeded, & impaired me from seeking available remedy and exhaustion, which stems from retaliation to punish me for initiating Civil action against you in U.S.D.C. Eastern Dist. Case no. 1:20-cv-00358(JLT), & to aid staff misconduct/corruption. I have forwarded my inmate-Appeal#CSPC-2-20-00388, to Chief Inmate Appeals, due to your bias/prejudice.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☒ SENT THROUGH MAIL: ADDRESSED TO: CSPC-Appeal Coordinator(s) J.Ceballos DATE MAILED: 04/21/2020
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: J. Alcantar/Y. Yang	DATE: 04-21-2020	SIGNATURE: C/o Refused to sign	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: CSPC-Appeals Coordinators-J.Ceballos		DATE DELIVERED/MAILED: April-21, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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APPEAL COORDINATOR(S)

J. Ceballos; L. Carroll; P. Williams

STATE OF CALIFORNIA

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE

CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai	(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: ShikebSaddozai
HOUSING/BED NUMBER: CSPC-3001-227	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIAL OF LAW LIBRARY ACCESS AND RESOURCES

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: AITN: CSPC-APPEAL-COORDINATOR(S): J. CEBALLOS;

L. CARROL: P. WILLIAMS, ~~Staff~~ On March-16, to present date: April-17, 2020, under YOUR AUTHORITY, I am denied access to CSPC-LAW LIBRARY, & Resources, repeatedly denied to me upon my submitted inmate requests, preventing me from initiating, & maintaining my inmate appeal responses, Court Deadlines, litigation activities, etc., Pursuant to policy-CCR 15 §§3138.(h)(1), & 3031.(f)(4), Please provide copy services/legal-Manila envelopes/legal-book-check-out/etc., & respond in 72 hours.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO: CSPC-APPEAL COORDINATOR-J. Ceballos DATE MAILED: 04/17/20
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: V. [Signature]	DATE: 4/17/2020	SIGNATURE: [Signature]	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: CSPC-APPEAL COORDINATOR(S): J. Ceballos	DATE DELIVERED/MAILED: APRIL-17, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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3-B-Yard-Captain

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai		(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: Shikeb Saddozai
HOUSING/BED NUMBER: CSP-3B01-227L	ASSIGNMENT:		HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIED LAW Pro Per/LIBRARY ACCESS

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN: CSP-3-B-YARD-Captain:

March-16, to April-15, 2020, I am denied law library access & resources upon multiple inmates submitted requests, verified on (SOMS). Please assist me in accessing law library, needed to initiate/maintain Court deadlines/appeals/complaints on Case Nos. 13-05558/18-04047/18-04511/18-07337/for U.S. District Court-Northern-Dist., & Eastern Dist. -1:20cv00358, & can be located on (COURT-DATA-BASE). Per-CCR 15 § 3138.(b)1, I require staff assistance to copy-LEGAL-CONFIDENTIAL documents.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

- ☐ SENT THROUGH MAIL: ADDRESSED TO: CSP-3-B-YARD-Captain DATE MAILED: 04/19/2020
- ☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: [Signature]	DATE: 4/15/2020	SIGNATURE: [Signature]	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: CSP-3B-YARD-CAPTAIN		DATE DELIVERED/MAILED: APRIL-15, 2020-----	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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CONCORDIA STATE PRISON
APPEAL COORDINATOR: J. Ceballos, CCII

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Saddozai,	Shikeb	AY1590	Shikeb Saddozai
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
CSP-3B01-227L			DENIED LAW NOTICE/LIBRARY ACCESS

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN: (NOTICE) CSP-APPEAL COORDINATOR,

J. Ceballos-CCII: MARCH-16-to-APRIL-15, 2020, PRESENT DATE, I am denied law library & resources, upon my inmate submitted requests, verified on (SOMS), preventing me from initiating, and maintaining inmate appeal/complaints, Court actions & deadlines. I require assistance to copy original inmate appeal with CONFIDENTIAL-LEGAL DOCUMENTS/EXHIBITS to be attached with my inmate appeal prior to submittal for processing, or as an alternative a (30) day extension until granted law library access.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED ** CCR 15 §3133. (1)

☐ SENT THROUGH MAIL: ADDRESSED TO: CSP-APPEAL-COORDINATOR-J. Ceballos-CCII DATE MAILED: 04/15/2020
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
J. Ceballos	4/15/2020	[Signature]	(CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY:	
CSP-APPEAL COORDINATOR-J. Ceballos/	April, 15, 2020	(CIRCLE ONE) IN PERSON BY US MAIL	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

CORCORAN STATE PRISON
LITIGATION COORDINATORSTATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai (FIRST NAME) Shikeb		CDC NUMBER: AY1590	SIGNATURE: ShikebSaddozai
HOUSING/ID NUMBER: CSP-3B01-227L	ASSIGNMENT:	HOURS FROM ____ TO ____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): LAW LIBRARY DENIAL

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW. ATTN: (THIRD NOTICE) LITIGATION-COORDINATOR (CSP)

On March-16, to April-13, 2020, No law library access & resources has been afforded to me verified on (SOMS), & needed to prosecute my active court deadlines/appeals/complaints/pleadings, etc., on-U.S. District Court, Northern Div. Case nos. 18-05558/18-04047/18-04511/18-07337/& Eastern Dist. -1:20-cv-00358, and can be located on COURT DATA BASE. Please provide: copy-services of CONFIDENTIAL-LEGAL-DOCS./Pleading paper/Legal-Manila-Envelopes, pursuant to (CCR) 15§3138.(h)1, & §3162.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

- ☐ SENT THROUGH MAIL: ADDRESSED TO: CSP-LITIGATION-COORDINATOR
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

DATE MAILED: 04/13/2020

RECEIVED BY: PRINT STAFF NAME: O. Huerta	DATE: 4/13/2020	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: CSP-LITIGATION COORDINATOR	DATE DELIVERED/MAILED: APRIL-13, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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CSP-WARDEN-KENT CLARK

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION


SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Saddozai	Shikeb	AY1590	Shikeb Saddozai
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
CSP-3301-227L			LAW LIBRARY DENIAL

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN: CSP-Warden-Kent Clark; On March-16, to April-14, 2020, No law library access, and resources has been afforded to me upon submitting multiple inmate requests, & can be verified on (SOMS). Please assist me in accessing law library, needed to initiate & maintain Court deadlines/appeals/complaints on Case Nos. 18-05558/13-04047/18-04511/18-07337/for U.S.D.C., North-ern-Dist., & Eastern Dist-1:20cv00358, & can be located on COURT-DATA-BASE. I re-quire: services to copy-CONFIDENTIAL-LEGAL-Docs, conduct legal-research, etc.,

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) ****NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED****

☐ SENT THROUGH MAIL: ADDRESSED TO: CSP-WARDEN-Kent Clark/Corcoran----- DATE MAILED: 04/14/2020
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
YANG	4/14/2020		(CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY:	
CSP-WARDEN-Kent Clark/Corcoran-----	April-14, 2020, -----	(CIRCLE ONE) IN PERSON BY US MAIL	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

LITIGATION COORDINATOR

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Saddozai	Shikeb	AY1590	Shikeb Saddozai
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
CSP-3B01-227L			DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN: (SECOND NOTICE) CSP-LITIGATION-COOR-

DINATOR: On March-26, 29, 31, April-1, 2, 3, 6, 7, 2020, my requests for physical
access to Facility law library & Resources are unanswered & unresolved. I have
Court deadlines, please provide me: PHOTO-COPY SERVICES to copy confidential-
legal documents, PLEADING-PAPER, LEGAL MANILA ENVELOPES, LEGAL RESEARCH TIME, etc.,
to prosecute legal actions: SEE Case No. 18-05558/Case No. 18-04047/Case No. 18-
04511/Case No. 18-07337/for the United States District Court, Northern-Dist. Court.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) ****NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**** Please assist.

☒ SENT THROUGH MAIL: ADDRESSED TO: CSP-LITIGATION COORDINATOR DATE MAILED: 04/07/2020
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
JALCANTAR	4-7-2020	<i>[Signature]</i>	(CIRCLE ONE) YES <input checked="" type="radio"/> NO <input type="radio"/>
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY:	
CSP-LITIGATION COORDINATOR	APRIL-07, 2020	(CIRCLE ONE) IN PERSON <input type="radio"/> BY US MAIL <input checked="" type="radio"/>	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

3-B-Yard-Program Office
SERGEANT: BARLOSSTATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Saddozai	Shikeb	AY1590	ShikebSaddozai
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
CSP-3B01-227L			LAW LIBRARY ACCESS

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN: 3-B-YARD-PROGRAM OFFICE-SERGEANT: BARLOS,

On March-26, 29, 31, & April-1, 2, 3, 6-2020, my requests for physical access to facility-LAW LIBRARY, & RESOURCES, needed to prosecute court deadlines, are unanswered & unresolved. Please assist me in making photo-copies of confidential-legal documents and obtain Legal-Manila envelopes necessary to respond to my court deadlines on Case No. 18-05558/Case No. 18-04047/Case No. 18-04511/Case No. 18-07337/for the United States District Court, Northern-Dist. (CC# 1583138.(b)(1))

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

- ☐ SENT THROUGH MAIL: ADDRESSED TO: CSP-3-B-YARD-PROGRAM OFFICE/Sgt. Barlo DATE MAILED: 04/06/20
- ☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
J. ALICANTAR	4-6-2020	<i>J. Alcantar</i>	(CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: (PROGRAM-OFFICE)	DATE DELIVERED/MAILED:	METHOD OF DELIVERY:	
CSP-3-B-YARD-SERGEANT: BARLOS	APRIL-06, 2020	(CIRCLE ONE) IN PERSON BY US MAIL	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

California State Prison-Corcoran
Senior Librarian-M.Lirones
Education.Sup.Wortman

STATE OF CALIFORNIA

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME) Saddozai Shikeb		CDC NUMBER: AY1590	SIGNATURE: Shikeb Saddozai
HOUSING/BED NUMBER: CSPC-3B01-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW

ATTN: CSPC-Senior Librarian:M.Lirones- I

am denied law library-access/resources/services-from, March-16, to present-April-20, 2020, can be verified on (SOMS). My inmate requests furnishing Court Case Nos., and relating active legal litigations, deadlines, & appeals warranting-P.L.U. or alternative-G.L.U., access are ignored/unresolved, out of retaliation to my law library complaint-Appeal#CSPC-2-20-01111. Please provide me 42 U.S.C. §1983 civil complaint form for Eastern, Dist. for issues described.

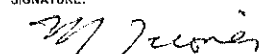
METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO: **CSPC-Senior Librarian-M.Lirones** DATE MAILED: **04/20/2020**
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: Y. YANK	DATE: 4/20/2020	SIGNATURE: 	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: CSPC-Senior Librarian-M.Lirones	DATE DELIVERED/MAILED: April-20, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: LIRONES	DATE: 4/29/20	SIGNATURE: 	DATE RETURNED: 4/29/20
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Per Warden's memo, library access is PHU only due to COVID-19. You have a verified court hearing 9 am 4/4/20 in cases USOC C AND 18-4047 and 18-454. You have PHU status 5/4/20 - 6/3/20. You are scheduled for library 5/5/20. A legal material request form is enclosed for your use.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

Forms and materials I requested above, intentionally and repeatedly have failed/and refused to be provided for my active cases, deadlines, litigation, appeals, etc. which have been verified by law librarian-M.Lirones whom is also denying my law library-ACCESS/SERVICES/RESOURCES, etc, warranting P.L.U, access, in addition to a ten(10) day delay to my inmate request response.

SIGNATURE: Shikeb Saddozai	DATE SUBMITTED: March-29, 2020. RECEIVED & SENT.
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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CORCORAN STATE PRISON
3B01-3-B-YARD, LAW LIBRARYSTATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai	(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: ShikebSaddozai
HOUSING/BED NUMBER: CSP-3B01-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

ATTN: 3-B-YARD(CSP)LAW-LIBRARY:

I have active Court, litigations, cases, and Appeal Deadlines, requiring immediate physical access to law library to photo-copy legal-confidential documents, conduct legal research on electronic data base, utilize-legal envelopes draft paper & resources necessary to prosecute legal actions ordered by Courts. PLEASE PROVIDE APPOINTMENT TIME. Dated: March-31, 2020.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO: **CSP-3-B-YARD, LAW LIBRARY** DATE MAILED: **03/31/20**
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: J. ALCANTAR	DATE: 3/31/2020	SIGNATURE: <i>J. Alcantar</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES <input checked="" type="radio"/> NO <input type="radio"/>
IF FORWARDED - TO WHOM: CSP-3-B-YARD: LAW LIBRARY	DATE DELIVERED/MAILED: March-31, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input checked="" type="radio"/> BY US MAIL <input type="radio"/>	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: C. Alcantar	DATE: 4/7/20	SIGNATURE: <i>C. Alcantar</i>	DATE RETURNED: 4/7/20
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Fill out and complete a PIO request and provide documentation of a 30 day deadline.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

The following United States District Court, for the Northern Dist., Case Nos., can be located on Court Data base, SEE: Case Nos. 18-05558/18-04047/18-07337/18-04511, will establish my active Court deadlines/Appeals/Litigations requiring immediate response. Also SEE, CCR 15 §§ 3138.(h)1, & 3162., of prison policy, No P.L.U. is required to use prison law library.

SIGNATURE: SHIKEB SADDOZAI	DATE SUBMITTED: 04-09-2020-Received & Sent.-----
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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STATE OF CALIFORNIA
 INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
 CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai		(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: Shikeb Saddozai
HOUSING/BOO NUMBER: CSP-3B01-227L	ASSIGNMENT:		HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: **ATTN: (seventh-NOTICE)-CSP-3B-Yard-LAW LIBRARY**

On March-16, to April-9, 2020, no law library access and resources has been afforded to me upon my requests, needed to prosecute my active court deadlines/appeals/complaints/pleadings, etc., on following-U.S.D.C., Northern Dist. Court, Case Nos. 18-05558/18-04047/18-04511/18-07337/, also For Eastern Dist. Court-Case No. 1:20-cv 00358-JLT. INFORMATION CAN BE LOCATED ON COURT DATA BASE. Please provide: Pleading-paper(20), Legal-Manila-Envelopes(5), photo-copies of CONFIDENTIAL LEGAL-DOCS.

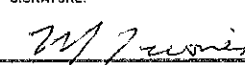
METHOD OF DELIVERY (CHECK APPROPRIATE BOX) ****NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED ** SEE-ATTACHMENT**

☐ SENT THROUGH MAIL: ADDRESSED TO: **CSP-3B-YARD-LAW LIBRARY** DATE MAILED: **04/09/20**
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: Y. YANK	DATE: 4/9/2020	SIGNATURE: 	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: CSP-3B-YARD-LAW LIBRARY FACILITY	DATE DELIVERED/MAILED: 04-09-2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: L. ROWNS	DATE: 4/21/20	SIGNATURE: 	DATE RETURNED: 4/21/20
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Per PSR, library access is PLE only due to COVID-19. You have a verified court hearing 9am 6/4/20 in cases USDC CANO 18-4047 and 18-4511. You have PLE status 5/4/20 - 6/3/20. You are scheduled for library 5/5/20. A legal material request form and legal document copy request form are enclosed for your use. A blank PLE request form is enclosed in case you have another deadline before 6/3/20.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

1) Per CCR 15§3086.(f)(4)., YOU-FAILED/REFUSED-responding within(3)days-PAST DUE, nor answered request for needed materials-ONLY PROVIDED BY LAW LIBRARY. 2) YOU-CONFIRMED my ACTIVE-Court cases/DEADLINE, yet continue denying me law library-ACCESS/RESOURCES/SERVICES, for P.L.U., or alternative-G.L.U., ALL with Evil, Malicious, Sadistic, intent to aid/Protect-Staff Misconduct/Corruption, denying me remedy

SIGNATURE: Shikeb Saddozai	DATE SUBMITTED: Received & Sent: 04/22/2020
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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CORCORAN STATE PRISON
ACADEMIC VICE PRINCIPLE-
WORTMAN

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME) Saddozai Shikeb		CDC NUMBER: AY1590	SIGNATURE: ShikebSaddozai
HOUSING/BED NUMBER: CSP-3B01-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIAL OF ACCESS LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW.

ATTN: 3-B-YARD-~~1111~~ ACADEMIC-VICE-PRINCIPLE:
WORTMAN-On March-16, to April-9th, 2020, No law library access, and resources has been afforded to me upon my requests needed to prosecute active court cases, appeals & litigation on the following: U.S.D.C., Northern District Court, Case Nos. 18-05558/18-04047/18-04511/18-07337/& Eastern Dist. Case No. 1:20CV00358. (SEE, Court Data-base) Please provide: copies-for confidential-legal documents/pleading paper (blank Legal-Manila-Envelopes/Research time on Lexis-Nexis-System., etc., TIME SENSATIVE

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO: CSP-3B-Yard-ACADEMIC PRINCIPLE/WORTMAN DATE MAILED: 04/09/2020
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY/PRINT STAFF NAME: Yank	DATE: 4/9/2020	SIGNATURE: 	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: CSP-ACADEMIC VICE PRINCIPLE-WORTMAN	DATE DELIVERED/MAILED: APRIL-09, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: LIRONES	DATE: 4/21/20	SIGNATURE: Lirones	DATE RETURNED: 4/21/20
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Per PSR, Library access is Plus only due to COVID-19. You have a verified court hearing 9 am 6/4/20 in cases USDC CANB 18-4047 and 18-4511. You have Plus status 5/4/20 - 6/3/20. You are scheduled for library 5/5/20. A legal material request form and legal document copy request form are enclosed for your use. A blank Plus request form is enclosed in case you have another deadline before 6/3/20.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

1) Per CCR 15§ 3086.(f)(4), YOU Failed/Refused responding within (3) days PAST-DUE, nor answered request for needed materials-ONLY PROVIDED BY LAW LIBRARY. 2) YOU-CON-IRMED-ACTIVE Court cases/DEADLINES, yet continue denying access/resources/service: for-P.L.U., or even Alternative-G.L.U., & Bypassed-Principle response, all with malicious intent to aid/protect staff misconduct/corruption, & preventing me remedy

SIGNATURE: Shikeb Saddozai	DATE SUBMITTED: Received-&-Sent: 04/22/2020
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai	(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: ShikebSaddozai
HOUSING/ID NUMBER: CSP-3B01-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: **ATTN: (sixth NOTICE)-CSP-3-B-YARD-LAW LIBRARY**

On March-26,29,31,& April-1,2,3,6,of 2020,my request for physical access to Facility law library & resources are unanswered/unresolved.I have court deadlines,please provide me:PHOTO-COPY SERVICE ON LEGAL-CONFIDENTIAL DOCUMENTS,DRAFT PAPER,LEGAL-MANILA ENVELOPES,LEGAL RESEARCH TIME ON LEXIS-NEXIS,et.,so I can prosecute legal actions;SEE,Case No.18-05558/Case No.18-04047/Case No.18-04511/Case No.18-07337,for U.S.D.C.Northern Dist.,Please Provide-P.L.U.access

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO: **CSP-3-B-YARD-LAW-LIBRARY** DATE MAILED: **04/06/2020**
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: J. ALCANTAR	DATE: 4-6-2020	SIGNATURE: <i>J. Alcantar</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: CSP-3-B-YARD-LAW LIBRARY		DATE DELIVERED/MAILED: APRIL-06,2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: LIRENES	DATE: 4/21/20	SIGNATURE: <i>L. Lirenes</i>	DATE RETURNED: 4/21/20
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Per PSR, Library access is Plus only due to COVID-19. you have a verified court hearing 9 am 6/4/20 in cases USDC CAND 18-4047 and 18-4511. you have Plus status 5/4/20 - 6/3/20. you are scheduled for library 5/5/20. A legal material request form and legal Document copy request form are enclosed for your use. A blank Plus request form is enclosed in case you have another deadline before 6/3/20.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

1)Per CCR 15§3086.(f)(4)..YOU-FAILED/REFUSED-responding within(3)days-PAST DUE, nor answered request for needed materials-ONLY PROVIDED BY LAW LIBRARY.2)YOU-CONFIRMED my ACTIVE -Court cases/DEADLINES,yet Continue denying me law library-ACCESS/RESOURCES/SERVICES,for P.L.U.,or alternative-G.L.U.,All with EVIL,MALICIOUS,SADISTIC,intent to aid/Protect-Staff Misconduct/Corruption,denying me remed

SIGNATURE: Shikeb Saddozai	DATE SUBMITTED: Received & Sent:04/22/2020
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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CORCORAN STATE PRISON
3-B-YARD EDUCATION SUPERVISOR/
PRINCIPLE

DEPARTMENT OF CORRECTIONS AND REHABILITATION

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME) Saddozai Shikeb		CDC NUMBER: AY1590	SIGNATURE: ShikebSaddozai
HOUSING/BED NUMBER: CSP-3B01-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: **ATTN: (FIFTH NOTICE)-CSP-3-B-YARD: EDUCATION-SUPERVISOR/PRINCIPLE; On March-26,29,31, & April-1,2,3, 2020, I submitted multiple notices alerting law-librarian, of my active Court-litigations, cases, Appeal deadlines, etc., requiring physical access to law-library & resources to: photo-copy confidential legal pleadings, obtain legal-manila envelopes, draft-paper, conduct legal research, etc., needed to prosecute my court actions, and all my request went unanswered, & unresolved. Please provide law library access.**

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☒ SENT THROUGH MAIL: ADDRESSED TO: **CSP-3-B-Yard: EDUCATION-SUPERVISOR/Pr** DATE MAILED: **04/03/20**
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: O. Huerta	DATE: 4/3/2020	SIGNATURE: 	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: PRINCIPLE CSP-3-B-YARD-EDUCATION SUPERVISOR	DATE DELIVERED/MAILED: APRIL-03-2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: W. RONES	DATE: 4/21/20	SIGNATURE: 	DATE RETURNED: 4/21/20
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Per PSR, Library access is PLE only due to COVID-19. You have a verified court hearing 9am 6/4/20 in cases USDC CAND 18-4047 and 18-4511. You have PLE status 5/4/20 - 4/3/20. You are scheduled for library 5/5/20. A legal material request form and legal document copy request form are enclosed for your use. A blank PLE request form is enclosed in case you have another deadline before 6/3/20.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

1) Per CCR 15 §3086.(f)(4), you failed/refused responding within (3) days past due, nor answered request for law library materials only provided by you. 2) You confirmed active court cases/deadlines, yet continue denying access/resources/services, for P.L.U., or even alternative-G.L.U., & bypassed-chain of command response, with evil intent to aid/protect staff misconduct preventing me from remedies.

SIGNATURE: Shikeb Saddozai	DATE SUBMITTED: Received-&-Sent: 04/22/2020
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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CORCORAN STATE PRISON
3-B-Yard LAW LIBRARYSTATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai	(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: ShikebSaddozai
HOUSING/BED NUMBER: CSP-3B01-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: **ATTN: (FOURTH NOTICE)-CSP-3-B-YARD:LAW-LIBRARY; On March-26,29,31, April-1,& Today's Date:APRIL-2,2020, I submitted multiple inmate notices alerting LAW-LIBRARIAN, of my active Court-litigations, cases, Appeal deadlines, etc., requiring immediate physical access to facility-law library, and resources to: photo-copy confidential-legal-pleadings, obtain legal manila envelopes, draft paper, conduct legal research, etc., needed to prosecute court actions, & my inmate requests went unanswered, & unresolved. Please HELP.**

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **
☐ SENT THROUGH MAIL: ADDRESSED TO: **CSP-3-B-YARD-LAW LIBRARY-SUPERVISOR** DATE MAILED: **04/02/2020**
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: Y. YAK	DATE: 4/2/2020	SIGNATURE: 	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES <input checked="" type="radio"/> NO <input type="radio"/>
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IF FORWARDED - TO WHOM: CSP-3-B-YARD-LAW-LIBRARY SUPERVISOR	DATE DELIVERED/MAILED: APRIL-02, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input type="radio"/> BY US MAIL <input checked="" type="radio"/>
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: LIRONES	DATE: 4/21/20	SIGNATURE: 	DATE RETURNED: 4/21/20
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Per PSR, library access is free only due to COVID-19. You have a verified court hearing 9am 6/4/20 in cases CANV USDC 18-4047 and 18-4511. You have free status 5/4/20 - 6/3/20. You are scheduled for library 5/5/20. A legal material request form and legal document copy request form are enclosed for your use. A blank free request form is enclosed in case you have another deadline before 6/3/20.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

1) Per CCR 15 §3086.(f)(4), YOU-FAILED/REFUSED-responding within (3) days-PAST DUE, nor answered request for needed materials-ONLY PROVIDED BY LAW LIBRARY. 2) YOU-CONFIRMED my ACTIVE-Court cases/DEADLINES, yet continue denying me law library-ACCESS/RESOURCES/SERVICES, for P.L.U., or alternative-G.L.U., ALL with EVIL, MALICIOUS, SADISTIC, intent to aid/protect-staff misconduct & Corruption, denying me remedy.

SIGNATURE: Shikeb Saddozai	DATE SUBMITTED: Received & Sent: 04/22/2020
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Saddozai	Shikeb	AY1590	ShikebSaddozai
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
CSP-3B01-227L			DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN: THIRD NOTICE- 3-B-YARD(CSP)Law Library;

Please provide me physical access to law library due to active Court, litigations, cases, and Appeal deadlines, requiring photo-copying of legal-confidential pleadings, legal manila envelopes, draft paper, and legal research, needed in order to prosecute court actions. Dated: April 1, 2020.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **
☒ SENT THROUGH MAIL: ADDRESSED TO: CSP-3-B-Yard: LAW LIBRARY DATE MAILED: 04/01/20
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
J. ALCANTAR	4.1.2020	[Signature]	(CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY:	
CSP-3-B-YARD-LAW LIBRARY	April 1, 2020	(CIRCLE ONE) IN PERSON BY US MAIL	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
L. KRONOS	4/21/20	[Signature]	4/21/20

Per PSR, Library access is PHL only due to COVID-19. you have a verified court hearing 9 am 6/4/20 in cases USDC CAND 18-4042 and 18-4511. you have PHL status 5/4/20 - 6/3/20. you are scheduled for library 5/5/20. A legal material request form and legal document copy request form are enclosed for your use. A blank PHL request form is enclosed in case you have another deadline before 6/3/20.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

1) Per CCR 15 §3086.(f)(4), YOU-FAILED/REFUSED-responding within (3) days-PAST DUE., nor answered request for needed materials-ONLY PROVIDED BY LAW LIBRARY. 2) YOU-CONFIRMED-my ACTIVE court cases/Deadlines, yet continue denying law library-ACCESS/RESOURCES/SERVICES, for P.L.U., or alternative-G.L.U., ALL with evil, malicious, & Sadistic intent to aid/protect-Staff Misconduct & Corruption, denying me remedy.

SIGNATURE:	DATE SUBMITTED:
Shikeb Saddozai	Received & Sent: 04/22/2020

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

3801-3-B-YARD, LAW LIBRARY

STATE OF CALIFORNIA

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE

CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Saddozai	Shikeb	AY1590	ShikebSaddozai
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
CSP-3801-227L			DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

ATTN: 3-B-YARD(CSP)LAW-LIBRARY;

I have active Court, litigations, cases, and Appeal Deadlines, requiring immediate physical access to law library to photo-copy legal-confidential documents, conduct legal research on electronic data base, utilize legal envelopes, draft paper & resources necessary to prosecute legal actions ordered by Courts. PLEASE PROVIDE APPOINTMENT TIME. Dated: March-31, 2020.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO: CSP-3-B-YARD, LAW LIBRARY DATE MAILED: 03/31/20
☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
J. ALICANT	3-31-2020	[Signature]	YES
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY-US MAIL	
CSP-3-B-YARD: LAW LIBRARY	March-31, 2020	BY-US MAIL	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

LITIGATION COORDINATOR/NOTARY SERVICES

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai	(FIRST NAME) Shikeb	CDC NUMBER: AY1590	SIGNATURE: ShikebSaddozai
HOUSING/BED NUMBER: CSP-3801-227L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): NOTARY SERVICES NEEDED

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: AITN: CSP-LITIGATION COORDINATOR/D.Goree;

I, Shikeb Saddozai, on today's date: March 31, 2020, require NOTARY SERVICES, from a Notary Public or officer completing this services for the purpose of submitting legal documents. Please acknowledge time & date. 2. Please also assist me in accessing 3-8-Yard(CSP) facility law Library necessary in order to obtain resources needed to prosecute Court actions and litigations due to my prior inmate request submittals have went ignored and unresolved. Thank you.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

☐ SENT THROUGH MAIL: ADDRESSED TO: CSP-LITIGATION COORDINATOR/NOTARY DATE MAILED: 03/31/2020
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: JACANTIR	DATE: 3-31-2020	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: CSP-LITIGATION-COORDINATOR/NOTARY	DATE DELIVERED/MAILED: March 31, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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Notice of liability for retaliatory actions against prisoners bringing Lawsuits, or file grievance against state employees.

Federal decisional Law is abundant regarding claims of retaliatory actions against prisoners by State Employees, and other Government officials, where the prisoners had filed or threaten to file an administrative Grievance, Staff Complaint, or Court Action against any prison or State Employee.

Employees can be held liable for injunctive actions, or Money damages and immediate interventions of the State or Federal Courts.

The Federal Court in, *Sprau v. Coughlin*, (1998) 977 F.Supp.390, *Has held that the prisoners conduct in Threatening to file a complaint against a prison staff was protected by the First Amendment's guarantee of the right to petition the Government for the redress of a grievance, Other cases concluded in the same view of the Court are, *Rizzo v. Dawson*, (9th Cir. 1995), 778 F. 2d, 527, *Bradley v. Hall*, (9th Cir. 1995), 64 f. 3D, 1276; *Baker v. Zlochowian*, (1990) 741 F. Supp. 436; *Lawrence v. Coghlin*, (1994) 862 F. Supp. 1090.*

Prisoners exercising their Constitutional rights can NOT be infracted , Retaliated or placed in Administrative Segregation, or be Transferred for doing so, *The Courts has held that any acts against an inmate/prisoner ,giving the appearance of retaliation ,may infer retaliation and would held the state employee, or any official liable for damages and injunctive relief.*

THEREFORE: This notice is an advisory against the threats of retaliation, or retaliation, or the threat to retaliate against, the inmate who is pursuing a protective practice under State and US.Constitution.

CLAIMS AND HISTORY OF THE CASE
IN VIOLATIONS OF THE UNITED STATES CONSTITUTION

STATE OF CALIFORNIA
 STATE/PAROLEE APPEAL
 CR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

AMENDED Side 1

IAB USE ONLY

Institution/Parole Region: Log #: Category:

SQ-A-18-02997-2

FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, (CCR) Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

An appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): Saddozai Shikeb CDC Number: AY1590 Unit/Cell Number: 4-A-7 Assignment: Appeals Coordinator

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

unnecessary, excessive, use of lethal deadly force by officer

1. Explain your issue (If you need more space, use Section A of the CDCR 602-A): On August 14th 2018 while assigned to 3rd tier Badger section cell 27 San Quentin State Prison after returning from evening meal awaiting my cell door to be unlocked, I was beaten and battered by four inmates (Mason Yang, Lorm, Samisaki, and

3. Action requested (If you need more space, use Section B of the CDCR 602-A): Actions requested are the following: The aforementioned inmates: Mason Yang, Lorm, Samisaki, and Esquivel be criminal charged and prosecuted, I request a medical

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

☐ List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☒ No, I have not attached any supporting documents. Reason: Due to restrictions made by my confinement Correctional officers have prevented me from making copies of original documents (incident reports) in support of my complaint.

Inmate/Parolee Signature: S. Saddozai Date Submitted: 10-02-2018

☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.

☐ Rejected (See attached letter for instruction) Date: 8/26/18 Date: 9/26/18 Date: _____ Date: _____

☐ Cancelled (See attached letter) Date: _____

☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: 10-15-18 Interview Location: Alpine Section

Your appeal issue is: ☐ Granted ☒ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: R. Hie Title: Sgt. Signature: _____ Date completed: 10-15-18

Reviewer: _____ Title: _____ Signature: _____

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____/____/____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 08/09)

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

I received first level of review response to appeal via U.S. postal on of October 28th 2018 at my current placement facility (C.C.I). Correctional Officer Sergeant R. Aiello as assigned First level reviewer failed in his duties to investigate the merits of my complaint and made multiple errors in his review process such as naming me as ¹⁰/₁₀ inmate Ramos in the effective communication section. Sergeant Aiello

Inmate/Parolee Signature: A. Laddo-zaiDate Submitted: 10-28-2018

02-2018

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter)☒ Accepted at the Second Level of ReviewAssigned to: Central Services Title: AW Date Assigned: 11/2 Date Due: 12/14/18

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only
Date mailed/delivered to appellant ____/____/____

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

On of November 6th 2018, I received a phone interview with Correctional Officer Lieutenant J. Zuniga for Second Level 602 appeal process. I was not given advance notice for interview to properly prepare, thus preventing me from presenting supporting information to assist in my complaint. Lieutenant response is incorrect for failure to investigate. Officers Clawson's determination in using force to gain compliance is inconsistent with his actions.

Inmate/Parolee Signature: A. Laddo-zaiDate Submitted: November 27th 2018

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only
Date mailed/delivered to appellant ____/____/____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____
Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

SQ A-18-02997 2

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): Saddozai Shikeb	CDC Number: AV1540	Unit/Cell Number: 4-A-07	Assignment: Appeals Coordinator
--	-----------------------	-----------------------------	------------------------------------

A. Continuation of CDCR 602, Section A only (Explain your issue): Esquivel. In attempting to protect my head and face from my attacker's Correctional Officer Clawson without verbal warning or warning shots, intentionally discharged, and fired his weapon shooting me on my lower right side body towards my buttocks, while I being repeatedly assaulted, other than the intended target. Officer Clawson had in his possession chemical agents that is less likely to relate to death and or great bodily injury and deliberately failed to utilize any particular sequence of alternatives to the immediate use of deadly lethal force. My attacker's physical resistance persisted and failed to be subdued or gain compliance resulting in inmate Mason Yang BG8452 whom coordinated attack to escape incident. I was forced to strip naked in the presence of non-medical professionals violating my privacy and no immediate doctors attention or medician was provided for my pain, suffering and sustained injuries consistent to today's date (October 2nd 2018) impairing me from my life activities. I recieved incident report reflecting that I am the victim in said matter, however officers who became aware of my complaints of unnecessary use of force failed and refused to report submission and ensure chain of command is notified Pursuant to Title 15 § 3269(d) (a)(1). Please Note per appeals coordinator in rewriting appeal to meet criteria.

Inmate/Parolee Signature: S. SaddozaiDate Submitted: 10-02-2018

SAN JOSE APPEALS

OCT 03 2018

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B. Continuation of CDCR 602, Section B only (Action requested): specialists to provide me a physical check up and provide me written report of the medical examination. I request Correctional Officer Clawson be discharged from his duties. I request that 602-602A, medical and 22 forms be readily made available on all inmate housing units and that surveillance cameras be placed on units and staff office areas. I request a declaration that the acts and omissions violated my Constitutional rights.

Inmate/Parolee Signature: S. SaddozaiDate Submitted: 10-02-2018

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response): Falsely states he provided me a CDCR 602 HC Form when housing unit Alpine has no forms in stock, and has intentionally failed to replenish all CDCR forms which are not made readily available Pursuant to Title 15 § 3084.1(e), to prevent me from initiating a complaint. Sgt. Aiello will not acknowledge officer Clawson's obvious error in using unnecessary lethal use of force when incident report reflects I am the victim nor confirm no immediate doctors attention was provided to me upon my repeated pleas for help. San Quentin State Prison staff failed in their duties for the following lack of forms required in order to grieve conditions of confinement that have adverse effect on my welfare and or provide immediate doctors attention when needed, thereby are obvious violation of U.S. Constitution rights to my first and Eighth amendments to redress my grievances and to be free against cruel and unusual punishment. No specifics were given as to what was partially granted, and Sgt Aiello attempted to actually deter me from exercising my rights by claiming I am not allowed to request the actions requested on of section B of my CDCR 602-A complaint nor allowed me to seek available remedies and or inform me of available remedies and completely misrepresented the operation of the CDCR - 602 appeal process to prevent me from complaining.

Inmate/Parolee Signature:

A. Laddozeri

Date Submitted:

NOV 02 2018
October 28, 2018

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): When officer Clawson fired his weapon, I was directly shot revealing is reasoning was planned and discriminatory act of retaliation to my complaints. Officer Clawson firing his weapon, evidently failed to be documented on inmate incident report, to conceal officers negligence. No immediate doctors attention was provided upon my request, to prevent me from documenting all injuries, including infliction of injuries caused by handcuffs, applied as punishment to prevent me from initiating a complaint. I was stripped naked, devoid of disciplinary, and involuntarily, in the presence of non-medical staff Correctional Officers, showing that medical personnel failed to protect doctor-patient privileges, and that medical staff minimizing my injuries, pain, suffering against my protest, resulted from Correctional Officers influence tainting medical staff judgment, a common practice within CDCR. My placement in (ASU) acknowledged by Lieutenant was a non-disciplinary-status, however failed affording me equal rights and privileges made available to all inmates, and no reason existed to withhold my property (Legal, Religious, hygiene, food) over eight days than returned 8-22-2018 destroyed and missing items out of retaliation to my complaints. I have names of multiple witnesses effected and are victims of the inhumane conditions in (ASU) as myself.

Inmate/Parolee Signature:

A. Laddozeri

Date Submitted:

November 27, 2018

STATE OF CALIFORNIA
 APPEAL/parolee APPEAL
 Form 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

LAB USE ONLY

Institution/Parole Region: Log #:

Category:

SQ-A-18-02997

FOR STAFF USE ONLY

may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, (CCR) Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

Laddozai, Shikeb

CDC Number:

AY1540

Unit/Cell Number:

2 Carson 14

Assignment:

Appeals Coordinator

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

Inmate assault, Excessive Force by Correction Officer, legal

Explain your issue (If you need more space, use Section A of the CDCR 602-A): On August 14, 2018, I was assigned to 3rd tier, Budget, Cell 27 San Quentin Reception, after returning from morning meal awaiting my cell door to be unlocked, I was beaten and battered by three inmates: Lorm, Sumisaki, and Esquivel. In attempting to protect my head and face

Action requested (If you need more space, use Section B of the CDCR 602-A): Action Requested is the following: (1) My medical emergencies be addressed, (2) the following aforementioned inmates be disciplined and criminally charged, (3) Correctional Officer that fired his weapon be

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

If supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

No, I have not attached any supporting documents. Reason: Due to restrictions made by my confinement Correction officers have denied me opportunity to make copies of original documents (Form CDCR-0022, Property Inventory CDCR-1083, and Incident report) as supporting evidence and efforts to resolve issues.

Inmate/Parolee Signature: L. Laddozai

Date Submitted: 08-25-2018

By placing my initials in this box, I waive my right to receive an interview.

First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

If appeal has been:

Bypassed at the First Level of Review. Go to Section E.

Rejected (See attached letter for instruction) Date: 8/28/18

Date: 9/16/18

Date:

Date:

Cancelled (See attached letter) Date:

Accepted at the First Level of Review.

Assigned to: CS

Title: AW

Date Assigned: 10/10

Date Due: 11/20/18

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: 10.15.18

Interview Location: Alpine Office

Your appeal issue is: ☐ Granted ☒ Granted in Part ☐ Denied ☐ Other:

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: R. Aiello

Title: Sgt.

Signature:

Date completed: 10.15.18

Interviewer: T. Allen

Title: AW

Signature:

Date received by AC: OCT 22 2018

AC Use Only

Date mailed/delivered to appellant: 10/12/18

INMATE APPEALS OFFICE
 CALIFORNIA STATE PRISON
 SAN QUENTIN, CA 94934

AUG 27 2018

SEP 26 2018

OCT 18 2018

NOV 2 2018

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 08/09)

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☒ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction) Date: _____☐ Cancelled (See attached letter)☐ Accepted at the Second Level of ReviewAssigned to: T. AllenTitle: AWCSDate Assigned: 11/2/18Date Due: 12/19/18

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 11/6/18Interview Location: CCI via telephoneYour appeal issue is: ☐ Granted ☒ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: J. ZUNIGATitle: LT

Signature: _____

Date completed: 11/6/18Reviewer: M. RasmussenTitle: CON

Signature: _____

Date received by AC: NOV 09 2018

AC Use Only

Date mailed/delivered to appellant

NOV, 14 2018

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

See Amended CDCR-602 attachment: failed to be stamped,
date mailed and delivered to
appellant.

Inmate/Parolee Signature: L. LaddozeriDate Submitted: November 27, 2018

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant _____/_____/____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY Institution/Parole Region: Log #: Category:

SQ A -18-02997 2

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): <u>Saddozai Shikeb</u>	CDC Number: <u>AV1540</u>	Unit/Cell Number: <u>4-A-07</u>	Assignment: <u>Appeals Coordinator</u>
<p>A. Continuation of CDCR 602, Section A only (Explain your Issue): <u>Esquivel. In attempting to protect my head and face from my attackers Correctional Officer Clawson without verbal warning or warning shots, intentionally discharged, and fired his weapon shooting me on my lower right side body towards my buttocks, while being repeatedly assaulted, other than the intended target, Officer Clawson had in his possession chemical agents that is less likely to relate to death and or great bodily injury and deliberately failed to utilize any particular sequence of alternatives to the immediate use of deadly lethal force. My attackers physical resistance persisted and failed to be subdued or gain compliance resulting in inmate Mason Vang BG8952 whom coordinated attack to escape incident. I was forced to strip naked in the presence of non-medical professionals violating my privacy and no immediate doctors attention or medication was provided for my pain, suffering and sustained injuries consistent to today's date (October 2nd 2018) impairing me from my life activities. I received incident report reflecting that I am the victim in said matter, however officers who became aware of my complaints of unnecessary use of force failed and refused to report submission and ensure chain of command is notified Pursuant to Title 15 § 32694.1 (a)(1). Please Note per appeals coordinator: Imrewriting appeal to meet criteria.</u></p>			<p>SAN QUENTIN APPEALS</p> <p>OCT 03 2018</p> <p>NOV 02 2018</p> <p>W</p> <p>S</p> <p>D</p> <p>L</p> <p>L</p> <p>A</p> <p>F</p> <p>S</p>
<p>Inmate/Parolee Signature: <u>S. Saddozai</u> Date Submitted: <u>10-02-2018</u></p>			

B. Continuation of CDCR 602, Section B only (Action requested): specialist to provide me a physical check up and provide me written report of the medical examination. I request Correctional Officer Clawson be discharged from his duties. I request that 602-602A, medical and 22 Forms be readily made available on all inmate housing units and that surveillance cameras be placed on units and staff office areas. I request a declaration that the acts and omissions violated my Constitutional rights.

Inmate/Parolee Signature: S. Saddozai Date Submitted: 10-02-2018

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response): Falsely states he provided me a CDCR 602 HC Form when housing unit Alpine has no forms in stock, and has intentionally failed to replenish all CDCR forms which are not made readily available Pursuant to Title 15 § 3084.1(e), to prevent me from initiating a complaint. Sgt. Aiello will not acknowledge officer Clawson's obvious error in using unnecessary lethal use of force when incident report reflects I am the victim nor confirm no immediate doctors attention was provided to me upon my repeated pleas for help. San Quentin State Prison staff failed in their duties for the following lack of forms required in order to grieve conditions of confinement that have adverse effect on my welfare and or provide immediate doctors attention when needed, thereby are obvious violation of U.S. Constitution rights to my first and Eighth amendments to redress my grievances and to be free against cruel and unusual punishment. No specifics were given as to what was partially granted, and Sgt Aiello attempted to actually deter me from exercising my rights by claiming I am not allowed to request the actions requested on of section B of my CDCR 602-A complaint nor allowed me to seek available remedies and or inform me of available remedies and completely misrepresented the operation of the CDCR - 602 appeal process to prevent me from complaining.

Inmate/Parolee Signature: A. LaddozziDate Submitted: NOV 02 2018
October 28, 2018

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): When officer Clawson fired his weapon, I was directly shot revealing is reasoning was planned and discriminatory act of retaliation to my complaints. Officer Clawson firing his weapon, evidently failed to be documented on inmate incident report, to conceal officers negligence. No immediate doctors attention was provided upon my request, to prevent me from documenting all injuries, including infliction of injuries caused by handcuffs, applied as punishment to prevent me from initiating a complaint. I was stripped naked, devoid of disciplinary, and involuntarily, in the presence of non-medical staff Correctional Officers, showing that medical personnel failed to protect doctor-patient privileges, and that medical staff minimizing my injuries, pain, suffering against my protest, resulted from Correctional Officers influence tainting medical staff judgment, a common practice within CDCR. My placement in (ASU) acknowledged by Lieutenant was a non-disciplinary - status, however failed affording me equal rights and privileges made available to all inmates, and no reason existed to withhold my property (Legal, Religious, hygiene, food) over eight days than returned 8-22-2018 destroyed and missing items out of retaliation to my complaints. I have names of multiple witnesses effected and are victims of the inhumane conditions in (ASU) as myself.

Inmate/Parolee Signature: A. LaddozziDate Submitted: November 27, 2018

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03.12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY Institution/Parole Region: Log #: Category:

SQ A-18 - 02997 - A

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): SHADDUZI, SHKEB	CDC Number: AY1540	Unit/Cell Number: 2 Carson 14	Assignment: Appeals Coordinator
--	-----------------------	----------------------------------	------------------------------------

A. Continuation of CDCR 602, Section A only (Explain your issue): From my attackers, Correctional officer fired his gun, and shot me on lower right side of my body towards my buttocks. Incident report reflects that I am the victim, however when I raised Correction officers negligence in my interview with Captain, August 15, 2018, Captain stated "these kind of things just happens". No immediate doctors attention or medication was provided for my pain, suffering and sustained injuries impairing me in my daily living needs. I was placed in Carson Administrative Segregation cell 2 c14 devoid of disciplinary violation or violence yet I was subjected to being handcuffed at all times behind my back, as punishment, inflicting pain cuts, bruises, and restricting blood circulation on my arm, one of which is disabled. I am denied ability to maintain hygiene to shower, groom, exchange linen and clothes. My cell toilet, sink, walls, and floors are covered with urine and other bodily excretions that I am forced to breathe daily. My mattress is destroyed and saturated with urine. My cell sink is malfunctioned and upon multiple requests I am denied cleaning supplies and forced to consume all meals in twenty four hour isolation. I am denied fresh air and exercise and my numerous request with Correction officers to redress my grievances and medical emergencies went ignored and uncorrected. My legal materials and personal property that included my religious materials and hygiene were confiscated outside my access preventing me from complying with legal deadlines causing me damage and depriving me from practicing my religious Muslim faith while other inmates are in possession of their legal and religious.

Inmate/Parolee Signature: S. ShadduziDate Submitted: 08-25-2018

INMATE APPEALS OFFICE
CALIFORNIA STATE PRISON
SAN GUSTAVO, CA 94964

AUG 27 2018

SEP 18 2018

OCT 03 2018

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B. Continuation of CDCR 602, Section B only (Action requested): disciplined and or discharged from his duties and (4). A declaration that the acts and omissions violated my Constitutional rights under the First, Sixth, Eighth & Fourteenth Amendments, (5). that I be provided ability to maintain my hygiene to shower, groom, exchange linen and clothes daily (6). To be provided daily fresh air, exercise and afforded opportunity to clean and sanitize my cell living daily (7). that I be afforded ability to practice my religious faith through receiving religious diet meals and have in my possession at all times my religious and legal materials without interference, (8). and that I be removed from administrative Segregation and placed in a housing unit per my classification and that inmates victims of assault not be placed in Ad-seg.

Inmate/Parolee Signature: S. ShadduziDate Submitted: 08-25-2018

AUG 31 2018

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03.12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

SQ A-18 - 02997 - A

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): SHADDOZAI, SHIKEB	CDC Number: AY1540	Unit/Cell Number: 2 Carson 14	Assignment: Appeals Coordinator
--	-----------------------	----------------------------------	------------------------------------

A. Continuation of CDCR 602, Section A only (Explain your issue): From my attackers, Correctional officer fired his gun and shot me on lower right side of my body towards my buttocks. Incident report reflects that I am the victim, however when I raised Correction officers negligence in my interview with Captain, August 15 2018, Captain stated "these kind of things just happens". No immediate doctors attention or medication was provided for my pain, suffering and sustained injuries impairing me in my daily living needs. I was placed in Carson Administrative Segregation cell 2 c14 devoid of disciplinary violation or violence yet I was subjected to being handcuffed at all times behind my back, as punishment, inflicting pain cuts, bruises, and restricting blood circulation on my arm, one of which is disabled. I am denied ability to maintain hygiene to shower, groom, exchange linen and clothes. My cell toilet, sink, walls, and floors are covered with urine and other bodily excretions that I am forced to breathe daily. My mattress is destroyed and saturated with urine. My cell sink is malfunctioned and upon multiple requests I am denied cleaning supplies and forced to consume all meals in twenty four hour isolation. I am denied fresh air and exercise and my numerous request with Correction officers to redress my grievances and medical emergencies went ignored and uncorrected. My legal materials and personal property that included my religious materials and hygiene were confiscated outside my access preventing me from complying with legal deadlines causing me damage and depriving me from practicing my religious Muslim faith while other inmates are in possession of their legal and religious.

Inmate/Parolee Signature: S. ShaddozaiDate Submitted: 08-25-2018

INMATE APPEALS OFFICE
CALIFORNIA STATE PRISON
SAN QUENTIN, CA 94964

AUG 27 2018

SEP 11 2018

OCT 3 2018

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B. Continuation of CDCR 602, Section B only (Action requested): disciplined and or discharged from his duties and (4). A declaration that the acts and omissions violated my Constitutional rights under the First, Sixth, Eighth & Fourteenth Amendments (5). that I be provided ability to maintain my hygiene to shower, groom, exchange linen and clothes daily (6). To be provided daily fresh air, exercise and afforded opportunity to clean and sanitize my cell living daily (7). that I be afforded ability to practice my religious faith through receiving religious diet meals and have in my possession at all times my religious and legal materials without interference, (8). and that I be removed from administrative Segregation and placed in a housing unit per my classification and that inmates victims of assault not be placed in Ad-seg.

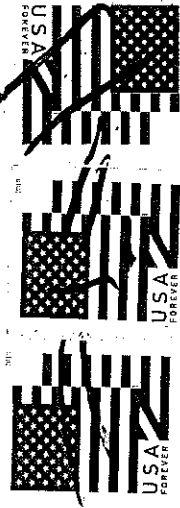
Inmate/Parolee Signature: S. ShaddozaiDate Submitted: 08-25-2018

AUG 27 2018

Shikeb Saddozai #AV1340
California Correctional Institution
Facility C-1-243
P.O. Box 1905
Tehachapi, California, 93581

CA STATE PRISON
CCI-TEHACHAPI
FACILITY C BLDG 1

Confidential Legal Mail



Mail To: Chief, Inmate Appeals Branch,
Department of Corrections and
Rehabilitation
P.O. Box 942883
Sacramento California 9428
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